

LICENSE FEE:
\$20.00 Per Product

**MICHIGAN DEPARTMENT OF AGRICULTURE
 PESTICIDE AND PLANT PEST MANAGEMENT DIVISION
 P.O. Box 30017
 Lansing, MI 48909
 (517) 373-0946**

APPLICATION FOR ANIMAL REMEDIES LICENSE(S)

(In Accordance with Act No. 134, Public Acts 1929)

COMPLETE ENTIRE APPLICATION. PLEASE PRINT LEGIBLY.

(Note: This form must be completed. Unsigned/incomplete forms will be returned.)

LICENSEE NAME (AS IT APPEARS ON LABEL) _____

ADDRESS (AS IT APPEARS ON LABEL.) _____

CORRESPONDENCE SHOULD BE ADDRESSED TO: _____

FIRST & LAST NAME: _____ **TITLE:** _____

COMPLETE ADDRESS: _____

PHONE NO.: _____ **FAX NO.:** _____ **FEDERAL ID #:** _____

Is this application submitted in response to a violation notice? YES ___ NO ___

If yes: Violation # _____ Date of Violation _____

IS APPLICANT NAME AND ADDRESS DIFFERENT THAN LICENSEE? YES ___ NO ___

IF YES, COMPANY NAME AND ADDRESS IS: _____

Application is hereby made for the licensing of the following Animal Remedies. Labes for each product listed below and /or on the enclosed license licnese renewal printout are attached and are certified to be actual labels or true copies. I am enclosing \$20.00 (check or money order) for each product. (Identical products having different brand names, trade names, or manufactured with varying potencies are licensed as separate products.)

REFUND POLICY: Refunds of under \$5.00 will
 Not be considered unless requested in writing.
 Therefore, care must be exercised to assure
 Payments are for the exact amount required.

 Signature & Title of Person Preparing Application

 Date

Products listed on this application and/or the attached license renewal printout will be licensed for the period beginning July 1 (or the actual date of licensing if submitted later than July 1) and ending June 30, 20____, unless denied or cancelled in accordance with Section 5, Act No. 134, P.A. of 1929, as amended.

STOP! Before completing this application, read the accompanying information sheet. It lists additional information that must be submitted if your product is a veterinary biological. It also defines remedies, contains important criteria for determining whether a product is an animal remedy or a commercial feed, and explains what products are exempt from this license.

COMPLETE TRADE NAME OF PRODUCT(S) (INCLUDING BRAND NAME)	NADA Number	USDA LIC. Number

(LIST ADDITIONAL PRODUCTS ON NEXT PAGE.)

**RETURN APPLICATION, LICENSE FEE, AND LABELS TO THE MICHIGAN DEPARTMENT OF AGRICULTURE,
 PESTICIDE AND PLANT PEST MANAGEMENT DIVISION, P.O. BOX 30017, LANSING, MICHIGAN 48909**

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